

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

RECEIVED
SDNY PRO SE OFFICE
2016 OCT 20 PM 12:06

Johnny Gibson TD #349-15-07773
[REDACTED]

write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

16CV8249
COMPLAINT

-against-

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Warden William Byrne's CTAL
Captain Simencz Shield #366
Captain Sumner's CTAL #1108
Captain NCC Shield #12509 CTAL

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other: I was Sumped, and Badly Beaten.

II. PLAINTIFF INFORMATION Slammed on Iron Stairs.

Each plaintiff must provide the following information. Attach additional pages if necessary.

JOHNNY GIBSON
First Name Middle Initial Last Name

NONE
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

349-15-07773 MANHATTAN HOUSE OF DETENTION.
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN HOUSE OF DETENTION FOR MEN
Current Place of Detention

125 WHITE STREET (MHD)
Institutional Address

NEW YORK NEW YORK 10013
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- ☒ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☐ Convicted and sentenced prisoner
☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Warden William Barnes
 First Name Last Name Shield #
 Warden of said institution
 Current Job Title (or other identifying information)
 125 White Street (MHD)
 Current Work Address
 New York New York 10013
 County, City State Zip Code

Defendant 2:

Captain J. J. J. J.
 First Name Last Name Shield #
 Institutional Captain
 Current Job Title (or other identifying information)
 125 White Street (MHD)
 Current Work Address
 New York New York 10013
 County, City State Zip Code

Defendant 3:

Captain Summer's
 First Name Last Name Shield #
 Institutional Captain
 Current Job Title (or other identifying information)
 125 White Street (MHD)
 Current Work Address
 New York New York 10013
 County, City State Zip Code

Defendant 4:

Captain NCC
 First Name Last Name Shield #
 Institutional Captain
 Current Job Title (or other identifying information)
 125 White Street (MHD)
 Current Work Address
 New York New York 10013
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Manhattan Detention Center
Housing Area 5 North

Date(s) of occurrence: August 21st 2016

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On August 21st 2016 on a Sunday Night I Johnny Gibson ID# 349-15-07773 NY ID# 07225384H Missed My Mental Health Psychiatric Medication's Because I was asleep at the time when medication is normally afforded. Therefore, I then immediately informed the Floor Officer, who brought it to the attention of the Supervisor Captain NCC Shield #1255. Captain NCC Shield #1255 then escorted me and another inmate to the Clinic. Captain NCC stated to me this writer that the Doctor said I refused my Medication's, and that I had to go back upstairs to My Housing Area 5 North, Deprived of My Medication's. I then complied. I left the Clinic, and was met by Captain C. Simencz Shield #336 and Captain Bradley Shield #1639. At this point I was then ordered by Captain Simencz to put my hands behind my back, and I complied." I this writer was then flex lifted and assaulted by Captain Simencz and other Officer's CTAL. Captain Simencz

Smashed the right side of my head against the wall and slammed me to the floor. My head broke my fall, and I then landed on my left side. I was then kicked in both my head, neck, as well as back and shoulder's. At this time I was then forced up, and dragged to my cell. I was then left in my cell for more than an hour. Afterwards, I was taken to medical. -CONTINUED-

INJURIES: If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I have damage's to my head neck and shoulder's. I am constantly in excruciating pain. I've informed all of the authorities at this facility (MHD) and nothing has prevailed in regards to medical attention. I've contact 311, and as of today I am doing a grievance in which I have enclosed.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I would like for the court to order me this writer to see a medical doctor, in regards to X-Rays, MRIs, and Medicines as it relate's to this matter. As the court award's me money damage's in the amount of 5 Million Dollars for I am claiming Assault in the First Degree causing Mental Suffering, and Emotional Distress "Medical Exception" in regards to Civil Liability's as it relate's to Abuse of Discretion

One Hour Later. initially the First ~~Physical~~ Abuse Occurred at 1030pm (in which I was Denied Medical Attention). "Again" After Spending One Hour in My Cell and going through excruciating pain, I was then taken to Medical a second time, and again Denied Medical Attention twice. I was Brought Back upstairs Once Again and Assaulted this time by Correction Officer TAsada and Correction Officer todomello. Sticked #4338 in my back strictly Executed By Female Captain Summer's. They Slammed me from the 6th Step on a Flight of Iron Stairs while I was yet still Handcuffed from the first incident at 1030pm. The Second incident Occurred at 11:00pm Just 30 minutes prior to the Last.

Finally In Concluding, They add the Above-named individuals Participated in Slamming me to the Floor from the Stairs on My Head Again, Placing a Knee on My Head with Extreme Force and Dec⁵ure and then picked-up.

AND taken to the intake Unit, Left in
Flex Cuffs For 40 Minute's to AN Hour.

Respectfully Submitted,
JOHNNY GIBSON ID# 349-15-07773
Plaintiff, Prosc.

D.S.: Please Be Advised that
ALL Medical records will Be
provided at trial.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

August 25th 2016
 Dated

JOHNNY GIBSON
 Plaintiff's Signature

JOHNNY GIBSON
 First Name Middle Initial Last Name

125 WHITE STREET (MHD)
 Prison Address

New York New York 10013
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: August 25th 2016

Attachment B

Form: #7101R, Eff: 08/10/12, Rev: Dir. #3376 - page 1



City of New York - Department of Correction

INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: Gibson Johnny	Book & Case #: 3491507773	[Redacted]	
Facility: MDC	Housing Area: 5 North	Date of Incident: 8.21.16	Date Submitted: 8.25.16

All grievances and requests must be submitted within five business days after the incident occurred unless the incident is a disciplinary action. Inmate grievance requests must be submitted within five business days after the incident occurred unless the incident is a disciplinary action. Inmate grievance requests must be submitted within five business days after the incident occurred unless the incident is a disciplinary action.

Request or Grievance:

This Grievance is being written in regards to the above date of an incident in which occurred on Sunday Wile Approximatedly 10:30 pm until 11:00pm I detainee Johnny Gibson Book in case number 3491507773 Badly and Brutally beaten and is being denied Medical treatment.

Action Requested by Inmate:

I'm requesting immediate Medical Attention at this time. And would like the medical Department at this Facility (MDC) to ad here to my request

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff?

☒ Yes☐ No

Do you need the IGRP staff to write the grievance or request for you?

☒ Yes☐ No

Have you filed this grievance or request with a court or other agency?

☒ Yes☐ No

Did you require the assistance of an interpreter?

☐ Yes☐ No

Inmate's Signature:

Johnny Gibson

Date of Signature:

August 25th 2016

FOR OFFICIAL USE ONLY
IGRP RETAINS THE UNFILED ORIGINAL FOR ADMINISTRATIVE RECORDS.
IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD RECEIPT.

Time Stamp Below:

Grievance and Request Reference #:

Category:

Inmate Grievance and Request Program Staff's Signature: